

HCQCC Data Dictionary

Prepared for the
Massachusetts Health Care Quality and Cost Council
by the
Maine Health Information Center

November 2007

Contents

Table Descriptions	3
Data Set for Admission Source Codes	6
Data Set for Admission Type	7
Data Set for Bill Type	8
Data Set for Claim Status Code	9
Data Set for Compound Drug Codes	10
Data Set for Contract Type	11
Data Set for CPT Code	12
Data Set for Diagnosis Code.....	14
Data Set for Discharge Status.....	16
Data Set for Dispense as Written Codes	17
Data Set for Ethnicity	18
Data Set for Gender	19
Data Set for Generic Drug Codes	20
Data Set for Hispanic	21
Data Set for Master Person.....	22
Data Set for Medical Claims.....	30
Data Set for Medical Membership.....	42
Data Set for Modifier Code.....	47
Data Set for New Prescription Codes	48
Data Set for Payers.....	49
Data Set for Pharmacies	51
Data Set for Pharmacy Claims.....	54
Data Set for Pharmacy Membership	62
Data Set for Product Codes	67
Data Set for Race.....	68
Data Set for Relationship to Subscriber	69
Data Set for Service Provider.....	70
Data Set for Site of Service.....	74

Data Set for Specialty Codes from Payers	75
Data Set for Use Flag.....	77

Table Descriptions

Table	Description
Admission Source	Dimension table holds all valid Admission Source values and descriptions, links to the Medical Claims tables.
Admission Type	Dimension table holds all valid Admission Type values and descriptions, links to the Medical Claims table.
Bill Type	Dimension table holds all valid Bill Type values and descriptions, links to the Medical Claims table.
Claim Status Code	Dimension table holds all valid Claim Status Code values and descriptions, links to the Medical Claims table.
Compound Drug Codes	Dimension table holds all valid Compound Drug Code values and descriptions, links to the Pharmacy Claims table.
Contract Type	Dimension table holds all valid Contract Type values and descriptions, links to the Membership tables.
CPT Codes	Dimension table holds all local payer defined CPT & HCPCS Code values and descriptions, links to the Medical Claims table.
Diagnosis Code	Dimension table holds all local payer defined Diagnosis Code values and descriptions, links to the Medical Claims table.
Discharge Status	Dimension table holds all valid Patient Discharge Status values and descriptions, links to the Medical Claims tables.
Dispense as Written Codes	Dimension table holds all valid Dispense as Written Code values and descriptions, links to the Pharmacy Claims tables.
Ethnicity	Dimension table holds all valid Ethnicity Code values and descriptions, links to Medical Eligibility and Pharmacy Eligibility tables.
Gender	Dimension table holds Gender demographic information, links to any data or dimension tables containing a GENDER field.
Generic Drug Codes	Dimension table holds all valid Generic Drug Code values and descriptions, links to the Pharmacy Claims table.
Hispanic	Dimension table holds all valid Hispanic Code values and descriptions, links to Medical Eligibility and Pharmacy Eligibility tables.
Master Person Table	Dimension table contains individual member data for creation of unique member ID that crosswalks payers. Links to Medical Eligibility, Medical Claims, Pharmacy Eligibility and Pharmacy Claims on MEMIDN.

Table	Description
Medical Claims	<p>The Medical Claims file contains one record for each service that was rendered.</p> <p>For Medical Claims industry standard coding definitions please refer to the following website:</p> <ul style="list-style-type: none"> • For level I HCPCS (CPT) codes see: http://www.ama-assn.org/ana/pub/category/3113.html • For level II HCPCS (non-CPT) codes see: http://www.cms.hhs.gov/MedHCPCSGenInfo/ • For ICD9CM codes see: http://www.cdc.gov/nchs/icd9.htm • For Revenue codes see: http://www.nubc.org/
Medical Membership	All membership records by month and payer where medical coverage = 'Y' and associated membership demographic information that can change, like Member Zip code, Age, Product, etc. This table contains duplicate and other non-useful membership records.
Modifier Code	Dimension table holds all valid Modifier Code values and descriptions, links to the Medical Claims table.
New Prescription Codes	Dimension table holds all valid New Prescription Code values and descriptions, links to the Pharmacy Claims table.
Payers	Dimension table holds all Payer demographic information, links to any data or dimension tables containing a PAYER ID field.
Pharmacies	Detail Servicing Pharmacy information. Unique records by Payer and Provider information. Links to the Pharmacy Claims table by PROVIDN.
Pharmacy Claims	The Pharmacy Claims file contains one record for each filled script and is organized by service year. All adjustments to the claims have been applied to the data.
Pharmacy Membership	All membership records by month and payer where RX coverage = 'Y' and associated membership demographic information that can change, like Member Zip code, Age, Product, etc. This table contains duplicate and other non-useful membership records. Use the USEFLAG = 0 to obtain an accurate count of covered RX members by month.
Product Codes	Dimension table holds all valid Product Codes and descriptive demographic information, links to any data tables containing a PRODUCT field.
Race	Dimension table holds all valid Race Code values and descriptions, links to Medical Eligibility and Pharmacy Eligibility tables.
Relationship to Subscriber	Dimension table holds all valid Relationship to Subscriber codes and descriptions, links to any data or dimension tables containing a REL field.

Table	Description
Detailed Service Provider	Detail Servicing Provider Information. Unique records by Payer and Provider information. Links to the Medical Claims table by PRVIDN.
Site of Service	Dimension table holds all valid Site of Service values and descriptions, links to the Medical Claims table.
Specialty Codes from Payers	Payer supplied provider specialty codes and definitions used to assist in linkage of providers and correct identification of provider specialty codes. Links to the Detailed Service Provider tables on payer Specialty code.
Use Flag	Dimension table holds all valid Use Flag codes and description, links to any data tables containing a USEFLAG field.

Data Set for Admission Source Codes

Dimension table holds all valid Admission Source values and descriptions, links to the Medical Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWAS801 Admission Source Code CODE	CHAR (2)	<p>This field is used to link to the Medical Claims data (MC021). It is the primary identification number for each Admission Source record.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 1 = Physician Referral 2 = Clinic Referral 3 = HMO Referral 4 = Transfer from Hospital 5 = Transfer from a Skilled Nursing Facility 6 = Transfer from another Health Care Facility 7 = Emergency Room 8 = Court-Law Enforcement 9 = Unknown A = Transfer from a Rural Primary Care Hospital -1 = Not Specified -2 = Not Valid 	
DWAS802 Admission Source Code Description DESCRIPTION	CHAR (50)	This field contains the description of the Admission Source code.	

Data Set for Admission Type

Dimension table holds all valid Admission Type values and descriptions, links to the Medical Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWAT801 Admission Type Code CODE	CHAR (2)	<p>This field is used to link to the Medical Claims data (MC020). It is the primary identification number for each Admission Type record.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 9 = Information Not Available -1 = Not Specified -2 = Not Valid 	
DWAT802 Admission Type Code Description DESCRIPTION	CHAR (30)	This field contains the description of the Admission Type code.	

Data Set for Bill Type

Dimension table holds all valid Bill Type values and descriptions, links to the Medical Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWBT801 <i>Type of Bill - Institutional</i> CODE	NUMBER (2)	This field is used to link to the Medical Claims data (MC036). It is the primary identification number for each Bill Type record. Was 5 for NH	
DWBT802 <i>Type of Bill Description</i> DESCRIPTION	CHAR (75)	This field contains the description of the Bill Type Code.	

Data Set for Claim Status Code

Dimension table holds all valid Claim Status Code values and descriptions, links to the Medical Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWCS801 Claim Status Code CODE	NUMBER (2)	<p>This field is used to link to the Medical Claims Status Code field (MC038). It is the primary identification number for each status record.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 1 = Processed as Primary 2 = Processed as Secondary 3 = Processed as Tertiary 4 = Denied 19 = Processed as Primary – Forwarded to Additional Payers 20 = Processed as Secondary – Forwarded to Additional Payers 21 = Processed as Tertiary – Forwarded to Additional Payers 22 = Reversal or Previous Payment -1 = Not Specified -2 = Not Valid 	
DWCS802 Claim Status Code Description DESCRIPTION	CHAR (75)	This field contains the description of the Claim Status Code associated with the claim.	

Data Set for Compound Drug Codes

Dimension table holds all valid Compound Drug Code values and descriptions, links to the Pharmacy Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWCD801 Compound Drug Code CODE	CHAR (2)	<p>This field is used to link to the Pharmacy Claims data field (PC031). It is the primary identification number for each Compound Drug record.</p> <p>Values in this field are: N = Non-Compound Drug U = Non-Specified Drug Compound Y = Compound Drug -1 = Not Specified -2 = Not Valid</p>	
DWCD802 Compound Drug Code Description DESCRIPTION	CHAR (30)	This field contains the description of the Compound Drug.	

Data Set for Contract Type

Dimension table holds all valid Coverage Level values and descriptions and links to the Membership tables.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWCT801 Coverage Level Code CODE	CHAR (3)	<p>This field is used to link to the Eligibility Type of Coverage data (ME007,PE007). It is the primary identification number for each Type of Coverage record.</p> <p>Values in this field are: CHD = Children Only DEP = Dependents Only ECH = Employee and Children EMP = Employee Only ESP = Employee and Spouse FAM = Family IND = Individual SPC = Spouse and Children SPO = Spouse Only -1 = Not Specified -2 = Not Valid</p>	
DWCT802 Contract/Coverage Type Code Description DESCRIPTION	CHAR (25)	This field contains the description of the Contract or Coverage Type.	

Data Set for CPT Code

Dimension table holds all local CPT & HCPCS Code values and descriptions, links to the Medical Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWCPT801 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer.</p> <p>This links to the medical claims file element MC001 and to payer file element DWPAY801.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the Database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
DWCPT802 CPT Code CPT	CHAR (10)	<p>This field contains the CPT Code and is used to link to the Medical Claims CPT field (MC055). The regulation specifies a maximum length of 5 characters for this field. However, several payers require 10 characters for their local codes.</p>	<p>This field may not be unique if it contains the value of a local CPT code assigned by a payer.</p>

Data Set for CPT Code

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWCPT803 <i>CPT Code</i> <i>Description</i> DESCRIPTION	CHAR (500)	This field contains the description of the local CPT Code associated with the claim. It is provided by the payer.	

Data Set for Diagnosis Code

Dimension table holds all valid local defined Diagnosis Code values and descriptions, links to the Medical Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDX801 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer.</p> <p>This links to the medical claims file element MC001 and to payer file element DWPAY801.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the Database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>

Data Set for Diagnosis Code

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDX802 Diagnosis Code CODE	CHAR (10)	<p>This field contains the Diagnosis Code and is used to link to the Medical Claims Diagnosis fields (MC039, MC040, MC041, MC042, MC043, MC044, MC045, MC046, MC046, MC048, MC049, MC050, MC051, MC052, MC053).</p> <p>The regulation specifies a maximum length of 5 characters for this field. However, some payers require 10 characters for a unique code.</p>	This field may not be unique if it contains the value of a local Diagnosis Code assigned by a payer.
DWDX803 Diagnosis Code Description DESCRIPTION	CHAR (100)	This field contains the description of the local Diagnosis Code associated with the claim. It is provided by the payer.	

Data Set for Discharge Status

Dimension table holds all valid Discharge Status values and descriptions, links to the Medical Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPD801 <i>Patient Discharge Code</i> CODE	NUMBER (2)	This field is used to link to the Medical Claims data (MC023). It is the Patient Discharge for each inpatient record.	
DWPD802 <i>Patient Discharge Code Description</i> DESCRIPTION	CHAR (75)	This field contains the description of the Patient Discharge Code.	

Data Set for Dispense as Written Codes

Dimension table holds all valid Dispense as Written Code values and descriptions, links to the Pharmacy Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDAW801 <i>Dispense as Written Code</i> CODE	CHAR (2)	<p>This field is used to link to the Pharmacy Claims data (PC030). It is the primary identification number for each DAW type record.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 0 = Not Dispensed as Written 1 = Physician Dispense as Written 2 = Member Dispense as Written 3 = Pharmacy Dispense as Written 4 = No Generic Available 5 = Brand Dispensed as Generic 6 = Override 7 = Substitution Not Allowed – Brand Drug Mandated by Law 8 = Substitution Allowed – Generic Drug Not Available in Marketplace 9 = Other -1 = Not Specified -2 = Not Valid 	
DWDAW802 <i>Dispense as Written Code Description</i> DESCRIPTION	CHAR (75)	This field contains the description of the DAW code.	

Data Set for Ethnicity

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWETH801 <i>Ethnicity Code</i> CODE	CHAR (6)	This field is used to link to the Medical Eligibility (ME024,ME025), Pharmacy Eligibility (PE024,PE025), and Master Person table (DWMP824, DWMP825) It is the primary identification number for each Ethnicity Code.	
DWETH802 <i>Ethnicity Code Description</i> DESCRIPTION	CHAR (50)	This field contains the description of the Ethnicity Code.	

Data Set for Gender

Dimension table holds Gender demographic information, links to any data or dimension tables containing a GENDER field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWG801 Individual Gender Code CODE	CHAR (2)	<p>This field is used to link to the Medical Claims data (MC012), Medical Eligibility (ME013), Pharmacy Claims (PC012), Pharmacy Eligibility (PE013), and Master Person table (DWMP817) It is the primary identification number for each Gender Code.</p> <p>Values in this field are: F = Female M = Male U = Unknown -1 = Not Specified -2 = Not Valid</p>	
DWG802 Individual Gender Code Description DESCRIPTION	CHAR (10)	This field contains the description of the Individual Gender Code.	

Data Set for Generic Drug Codes

Dimension table holds all valid Generic Drug Code values and descriptions, links to the Pharmacy Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWGD801 Generic Drug Code CODE	CHAR (2)	<p>This field is used to link to the Pharmacy Claims data (PC029). It is the primary identification number for each Generic Drug Indicator record.</p> <p>Values in this field are: N = No - Brand Drug Y = Yes - Generic Drug -1 = Unspecified -2 = Incorrectly Coded</p>	
DWGD802 Generic Drug Indicator Description DESCRIPTION	CHAR (25)	This field contains the description of the Generic Drug Indicator code.	

Data Set for Hispanic

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWHSP801 <i>Hispanic Indicator Code</i> CODE	CHAR (2)	This field is used to link to the Medical Eligibility (ME023), Pharmacy Eligibility (PE023), and Master Person table (DWMP823) It is the primary identification number for each Hispanic Indicator Code.	
DWHSP802 <i>Hispanic Indicator Code Description</i> DESCRIPTION	CHAR (10)	This field contains the description of the Hispanic Indicator Code.	

Data Set for Master Person

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMP801 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer. This field was derived from ME001, PE001, MC001, and PC001. It links to DWPAY801 in the Payer table.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the Database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
DWMP802 Member ID Code MEMIDN	NUMBER (20)	This field is used to link to the Claims and Eligibility tables (ME804, MC807, PE804, PC806) It does not uniquely represent an individual patient.	
DWMP803 Unique Member ID MEMID	NUMBER (10)	This field is the number that uniquely identifies a member across plans longitudinally.	

Data Set for Master Person

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMP804 Encrypted Subscriber Social Security Number ESSN	CHAR (128)	<p>This field contains the Encrypted Social Security Number for the subscriber. If the social security number was not available from the payer this field will be null and the Contract field will be populated. This field has been encrypted using the same algorithm across all payers.</p> <p>This field is derived from Medical Eligibility ME008, Medical Claims MC007, Pharmacy Eligibility PE008, and Pharmacy Claims PC007.</p>	
DWMP805 Encrypted Contract Number CONTRACT	CHAR (128)	<p>This field contains the payer assigned contract number for the subscriber. This field must be reported if the encrypted subscriber social security number is blank. This field has been encrypted using the same algorithm across all payers.</p> <p>This field is derived from Medical Eligibility ME009, Medical Claims MC008, Pharmacy Eligibility PE009, and Pharmacy Claims PC008.</p>	
DWMP806 Encrypted Member Social Security Number MEMSSN	CHAR (128)	<p>This field is used to record the member's social security number when available. If the member is the subscriber, this field should contain the same value as the Encrypted Social Security Number. If the member is not the subscriber, this field will not equal the Encrypted Social Security Number. This field has been encrypted using the same algorithm across all payers.</p> <p>This field is derived from Medical Eligibility ME011, Medical Claims MC010, Pharmacy Eligibility PE011, and Pharmacy Claims PC010.</p>	

Data Set for Master Person

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMP807 Encrypted Subscriber Last Name ESUBLNAME	CHAR (128)	<p>This field is used to record the subscriber's last name in an encrypted fashion. No punctuation should be included in the last name and all generational identifiers (e.g., Jr, Sr, etc.) must be removed. The last name should be reported in upper case. This field has been encrypted using the same algorithm across all payers.</p> <p>This field is derived from Medical Eligibility ME901, Medical Claims MC901, Pharmacy Eligibility PE901, and Pharmacy Claims PC901.</p>	
DWMP808 Encrypted Subscriber First Name ESUBFNAME	CHAR (128)	<p>This field is used to record the subscriber's first name in an encrypted fashion. No punctuation should be included in the first name. The first name should be reported in upper case. This field has been encrypted using the same algorithm across all payers.</p> <p>This field is derived from Medical Eligibility ME902, Medical Claims MC902, Pharmacy Eligibility PE902, and Pharmacy Claims PC902.</p>	
DWMP809 Encrypted Subscriber Middle Initial ESUBMI	CHAR (128)	<p>This field is used to record the subscriber's middle initial in an encrypted fashion. This field has been encrypted using the same algorithm across all payers.</p> <p>This field is derived from Medical Eligibility ME903, Medical Claims MC903, Pharmacy Eligibility PE903, and Pharmacy Claims PC903.</p>	

Data Set for Master Person

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMP810 Encrypted Member Last Name EMEMLNAME	CHAR (128)	<p>This field is used to record the member's last name in an encrypted fashion. No punctuation should be included in the last name and all generational identifiers (e.g., Jr, Sr, etc.) must be removed. The last name should be reported in upper case. If the member is not the subscriber, this field will not equal the Encrypted Subscriber Last Name. This field has been encrypted using the same algorithm across all payers.</p> <p>This field is derived from Medical Eligibility ME904, Medical Claims MC904, Pharmacy Eligibility PE904, and Pharmacy Claims PC904.</p>	
DWMP811 Encrypted Member First Name EMEMFNAME	CHAR (128)	<p>This field is used to record the member's first name in an encrypted fashion. No punctuation should be included in the first name. The first name should be reported in upper case. This field has been encrypted using the same algorithm across all payers.</p> <p>This field is derived from Medical Eligibility ME905, Medical Claims MC905, Pharmacy Eligibility PE905, and Pharmacy Claims PC905.</p>	
DWMP812 Encrypted Member Middle Initial EMEMMI	CHAR (128)	<p>This field is used to record the member's middle initial in an encrypted fashion. This field has been encrypted using the same algorithm across all payers.</p> <p>This field is derived from Medical Eligibility ME906, Medical Claims MC906, Pharmacy Eligibility PE906, and Pharmacy Claims PC906.</p>	

Data Set for Master Person

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMP813 Insured Group or Policy Number IGROUP	CHAR (50)	<p>The Group or Policy Number is associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of eligibility and claims data the group relates to the employer.</p> <p>Although the regulation specifies a maximum length of 30, 50 characters are necessary for some payers. This field is derived from Medical Eligibility ME006, Medical Claims MC006, Pharmacy Eligibility PE006, and Pharmacy Claims PC006.</p>	
DWMP814 Coverage Level Code XPLAN	CHAR (3)	<p>This field indicates the type of coverage and is linked to the Coverage Level file using DWCT801.</p> <p>This field is derived from Medical Eligibility ME007 and Pharmacy Eligibility PE007.</p>	
DWMP815 Member Suffix or Sequence Number SEQNO	NUMBER (2)	<p>This payer supplied code uniquely identifies the member within the context of the subscriber Encrypted Social Security Number or the Contract.</p> <p>This field is derived from Medical Eligibility ME010, Medical Claims MC009, Pharmacy Eligibility PE010, and Pharmacy Claims PC009.</p>	
DWMP816 Individual Relationship Code REL	NUMBER (2)	<p>This is the Relationship Code identification number that links to the Relationship file using DWR801.</p> <p>This field is derived from Medical Eligibility ME012, Medical Claims MC011, Pharmacy Eligibility PE012, and Pharmacy Claims PC011.</p>	

Data Set for Master Person

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMP817 Member Gender SEX	CHAR (1)	<p>This is the Member Gender code that links to the gender file using DWG801.</p> <p>This field is derived from Medical Eligibility ME013, Medical Claims MC012, Pharmacy Eligibility PE013, and Pharmacy Claims PC012.</p>	
DWMP818 Date of Birth DOB	Date	<p>This field contains the member's Date of Birth with a format of CCYYMMDD. This field is used to calculate age as of last day of the eligibility year and month.</p> <p>This field is derived from Medical Eligibility ME014, Medical Claims MC013, Pharmacy Eligibility PE014, and Pharmacy Claims PC013.</p>	
DWMP819 Member City PATCITY	CHAR(30)	<p>This field contains the member's city of residence.</p> <p>This field is derived from Medical Eligibility ME015, Medical Claims MC014, Pharmacy Eligibility PE015, and Pharmacy Claims PC014.</p>	
DWMP820 Member State PATST	CHAR (2)	<p>The Member State or Province contains the 2 character abbreviation code used by the US Postal Service. Since this database has been built for Massachusetts residents the code will generally be MA for Massachusetts.</p> <p>This field is derived from Medical Eligibility ME016, Medical Claims MC015, Pharmacy Eligibility PE016, and Pharmacy Claims PC015.</p>	

Data Set for Master Person

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMP819, Member Zip Code PATZIP	CHAR (11)	<p>This field contains the ZIP Code of the member. Payers are urged to provide a full 9-character US zip code. Foreign zip codes may also be reported in this field.</p> <p>This field is derived from Medical Eligibility ME017, Medical Claims MC016, Pharmacy Eligibility PE017, and Pharmacy Claims PC016.</p>	
DWMP820 Race 1 RACE1	7/1/2008 CHAR (6)	<p>This field contains the primary race coded for the member. It links to the Race table data element DWRA801.</p> <p>This field is derived from Medical Eligibility ME020 and Pharmacy Eligibility PE020.</p>	
DWMP821 Race 2 RACE2	7/1/2008 CHAR (6)	<p>This field contains the secondary race coded for the member. It links to the Race table data element DWRA801.</p> <p>This field is derived from Medical Eligibility ME021 and Pharmacy Eligibility PE021.</p>	
DWMP822 Other Race OTHRACE	7/1/2008 CHAR (15)	<p>This field contains the text description of Other Race if either Race 1 or Race 2 is coded R9 – Other Race.</p> <p>This field is derived from Medical Eligibility ME022 and Pharmacy Eligibility PE022.</p>	
DWMP823 Hispanic Indicator HISPANIC	7/1/2008 CHAR (1)	<p>This field is the Hispanic Indicator for the patient. It links to the Hispanic data table element DWHSP801.</p> <p>This field is derived from Medical Eligibility ME023 and Pharmacy Eligibility PE023.</p>	

Data Set for Master Person

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMP824 <i>Ethnicity 1</i> ETHNICITY1	7/1/2008 CHAR (6)	This field contains the primary ethnicity coded for the member. It links to the Ethnicity table data element DWETH801. This field is derived from Medical Eligibility ME024 and Pharmacy Eligibility PE024.	
DWMP825 <i>Ethnicity 2</i> ETHNICITY 2	7/1/2008 CHAR (6)	This field contains the secondary ethnicity coded for the member. It links to the Ethnicity table data element DWETH801. This field is derived from Medical Eligibility ME025 and Pharmacy Eligibility PE025.	
DWMP826 <i>Other Ethnicity</i> OTHETHNICITY	7/1/2008 CHAR(20)	This field contains the text description of Other Ethnicity if either Ethnicity 1 or Ethnicity 2 is coded OTHER – Other Ethnicity. This field is derived from Medical Eligibility ME026 and Pharmacy Eligibility PE026.	
DWMP827 <i>Date of Entry</i> EDATE	DATE (8)	This field contains the date this record was added to the data warehouse. The format is YYYYMMDD.	

Data Set for Medical Claims

For Medical Claims industry standard coding definitions please refer to the following website:

- For level I HCPCS (CPT) codes see: <http://www.ama-assn.org/ana/pub/category/3113.html>
- For level II HCPCS (non-CPT) codes see: <http://www.cms.hhs.gov/MedHCPCSGenInfo/>
- For ICD9CM codes see: <http://www.cdc.gov/nchs/icd9.htm>
- For Revenue codes see: <http://www.nubc.org/>

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC001 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer. This field links to DWPAY801 in the Payer table.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the Database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC004 Payer Claim Control Number CLAIM	NUMBER (35)	This field contains the claim number used by the payer to internally track the claim.	In general the claim number is associated with all service lines of the bill. Therefore, multiple medical records may share the same claim number. The Payer Claim Control Number should not be considered unique across payers. This field is not edited.
MC003 Insurance Type/Product Code PRODUCT	CHAR (2)	This field contains the product information submitted by the payer. For a standardized code across all data types, see MC804.	The values in this field have been standardized across all the HCQCC claims databases.
MC005A Claim Version VERSION	NUMBER (4)	This field indicates the Claim Version number.	
MC005 Line Counter LINE	NUMBER (4)	This field contains the line number for this service. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.	This field is not edited.
MC006 Insured Group or Policy Number IGROUP	CHAR (50)	The Group or Policy Number is associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of eligibility and claims data the group relates to the employer.	The contents of this field are not edited. Some payers are using this field to report the individual certificate number of the subscriber rather than the Group Number. It is difficult to determine if this is happening inappropriately because of persons purchasing individual coverage. The Group Number does not uniquely identify the subscriber. The Group Number is a personal health identifier (PHI).

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC011 Individual Relationship Code REL	NUMBER (2)	This is the Relationship Code identification number that links to the Relationship file using DWR801.	
MC012 Member Gender SEX	CHAR (2)	This is the Member Gender code that links to the Gender file using DWG801.	
MC013 Date of Birth DOB	Date	This field contains the member's Date of Birth with a format of CCYYMMDD. This field is used to calculate age as of last day of the eligibility year and month.	
MC014 Member City PATCITY	CHAR(30)	This field contains the member's city of residence.	
MC015 Member State PATST	CHAR (2)	The Member State or Province contains the 2 character abbreviation code used by the US Postal Service. Since this database has been built for Massachusetts residents the code will generally be MA for Massachusetts.	
MC016 Member Zip Code PATZIP	CHAR (11)	This field contains the ZIP Code of the member. Payers are urged to provide a full 9-character US zip code. Foreign zip codes may also be reported in this field.	
MC017 Date Service Approved (AP Date) PDATE	DATE (8)	This field contains the date the record was approved for payment. This is generally referred to as the Paid Date with a CCYYMMDD format.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC018 Admission Date ADMDAT	DATE (8)	This field contains the date of inpatient admission with a CCYYMMDD format.	This field is inconsistently reported across payers. It may be under reported on inpatient claims or over-reported on outpatient claims.
MC019 Admission Hour ADMHR	NUMBER (4)	This field contains the time of inpatient admission to the hospital in military time (HHMM). The valid codes for hour are: 0 - 23 00 Midnight 12 Noon	This field is not widely supported by the carriers.
MC020 Admission Type ADMTYPE	NUMBER (2)	This field is used to record the type of admission for all inpatient hospital bills. This field links to the Admission Type file using DWAT801.	Many carriers do not capture this information.
MC021 Admission Source ADMSR	CHAR (2)	This field is required for inpatient hospital bills and records the source of admission. This field links the Admission Source file using DWAS801.	Many carriers do not capture this information.
MC022 Discharge Hour DISHR	NUMBER (4)	This field contains the time of inpatient discharge from the hospital in military time (HHMM). The valid codes for hour are: 0 – 23 00 Midnight If only the discharge hour is known, the minutes must be entered as 00.	This field is not widely supported by the carriers.
MC022A Discharge Date DISDAT	DATE (8)	This field contains the date of inpatient discharge with a CCYYMMDD format.	This field is inconsistently reported across payers. It may be under reported on inpatient claims or over-reported on outpatient claims.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC023 Member Status PTDIS	NUMBER (2)	This is the patient discharge code identification number that links to the patient discharge file using DWPD801.	This field is inconsistently reported across carriers. It may be under reported on inpatient records or unnecessarily reported on outpatient records. Continuing efforts will improve the quality of this data element among carriers.
MC036 Type of Bill - Institutional BILLTYPE	NUMBER (2)	This field contains the Bill Type code identification number that links to the Bill Type file using DWBT801.	
MC037 Site of Service SVCSITE	CHAR (2)	For professional claims, this field records the site where the service was performed. This is the Site of Service code identification number that links to the Service Site file using DWSS801.	
MC038 Claim Status STATUS	NUMBER (2)	This field contains the status of the claim as reported by the payer. This field links to the Claim Status file using DWCS801.	Not all carriers are able to qualify the processing of the claim with the specificity of the available valid codes. The vast majority of all claims are coded as 01 – processed as primary. Claims processed as secondary may have dramatically lower payments for services rendered because another carrier had primary responsibility. A small number of carriers are unable to distinguish claims processed as primary from those processed as secondary. In studying the cost of a specific procedure, a claim that is not processed as primary may reflect only a partial payment.
MC039 Admitting Diagnosis ADMDX	CHAR (5)	This field contains the ICD-9 diagnosis code indicating the reason for the inpatient admission.	This field is reported inconsistently across carriers.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC040 E-Code ECODE	CHAR (10)	This field describes an injury, poisoning or adverse effect using an ICD-9 E-Code diagnosis.	The user should search the Other Diagnosis fields to identify all E-Codes submitted. Note that the same E-Code may be reported in this field and in an Other Diagnosis field, depending upon the carrier.
MC041 Principal Diagnosis DX1	CHAR (5)	This field contains the ICD-9 diagnosis code for the Principal Diagnosis.	The field is validated against the appropriate ICD-9 table for the date of service.
MC042 Other Diagnosis 1 DX2	CHAR (5)	This field contains the ICD-9 diagnosis code for the first secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC043 Other Diagnosis 2 DX3	CHAR (5)	This field contains the ICD-9 diagnosis code for the second secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC044 Other Diagnosis 3 DX4	CHAR (5)	This field contains the ICD-9 diagnosis code for the third secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC045 Other Diagnosis 4 DX5	CHAR (5)	This field contains the ICD-9 diagnosis code for the fourth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC046 Other Diagnosis 5 DX6	CHAR (5)	This field contains the ICD-9 diagnosis code for the fifth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC047 Other Diagnosis 6 DX7	CHAR (5)	This field contains the ICD-9 diagnosis code for the sixth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC048 Other Diagnosis 7 DX8	CHAR (5)	This field contains the ICD-9 diagnosis code for the seventh secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC049 Other Diagnosis 8 DX9	CHAR (5)	This field contains the ICD-9 diagnosis code for the eighth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC050 Other Diagnosis 9 DX10	CHAR (5)	This field contains the ICD-9 diagnosis code for the ninth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC051 Other Diagnosis 10 DX11	CHAR (5)	This field contains the ICD-9 diagnosis code for the tenth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC052 Other Diagnosis 11 DX12	CHAR (5)	This field contains the ICD-9 diagnosis code for the eleventh secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC053 Other Diagnosis 12 DX13	CHAR (5)	This field contains the ICD-9 diagnosis code for the twelfth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the Principal Diagnosis code.
MC054 Revenue Code REV	CHAR (4)	<p>This field is used to report the Revenue Code for hospital claims. This field links to the Revenue file using DWREV801.</p> <p>It is one of three fields used to report Type of Service (See also CPT – MC055 and ICD-9 Procedure Code – MC058).</p> <p>National Uniform Billing Committee codes are used in this field.</p>	
MC055 Procedure Code CPT	CHAR (10)	<p>This field contains the HCPC or CPT code for the procedure performed.</p> <p>It is one of three fields used to report the service (See also Revenue Code – MC054 and ICD-9 Procedure Code – MC058).</p> <p>The regulation specifies a maximum length of 5 characters for this field. However, several payers require 10 characters for their local codes. This field links to the procedure file using DWCPT802.</p>	Many carriers continue to use local codes. A separate local Procedure Code table (CPT) contains the non-standard values that are reported by the carriers. These must be taken into consideration when selecting records for a specific type of procedure.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC056 Procedure Modifier 1 MOD1	CHAR (2)	<p>A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate a service or procedure that has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A Procedure Modifier is required when a modifier clarifies/improves the reporting accuracy of the associated Procedure Code.</p> <p>This field links to the modifier file using DWMOD801.</p>	
MC057 Procedure Modifier 2 MOD2	CHAR (2)	<p>A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate a service or procedure that has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A Procedure Modifier is required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.</p> <p>This field links to the procedure file using DWMOD801.</p>	
MC058 ICD-9-CM Procedure Code OP	CHAR (4)	<p>This is used to report the ICD-9 Procedure Code. The decimal point is not coded.</p> <p>This is one of three fields used to report Type of Service (See also Revenue Code – MC054 and CPT – MC055).</p>	This field is generally available only on inpatient hospital claims. It is not consistently reported by carriers.
MC059 Date of Service From FDATE	DATE (8)	This field contains the first Date of Service for this service line in a CCYYMMDD format.	

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC060 Last Date of Service LDATE	DATE (8)	This field contains the Last Date of Service for this service line in a CCYYMMDD format.	
MC061 Quantity QTY	NUMBER (3)	This field contains a count of services performed. This field may be negative and should be set equal to 1 on all observation bed service lines for this field.	This field must be used with caution because the type of units may vary based upon the service performed. For example, one anesthesia unit may equal 10 minutes, one ambulance transportation unit may equal 1 mile.
MC062 Charge Amount CHG	NUMBER (10)	This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	
MC063 Paid Amount TPAY	NUMBER (10)	This field includes all health plan payments, including withhold amounts, and excludes all member payments. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	
MC064 Prepaid Amount PREPAID	NUMBER (10)	This field contains the fee for service equivalent that would have been paid by the health care claims processor for a specific service if the service had not been capitated. "Capitated services" means services rendered by a provider through a contract where payments are based upon a fixed dollar amount for each member on a monthly basis. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	The provider did not receive this payment. Any payment for this service was made through capitation and that is not captured in this database.
MC065 Copay Amount COPAY	NUMBER (10)	This field contains the pre-set, fixed dollar amount payable by a member, often on a per visit/service basis. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all carriers can distinguish between the mutually exclusive fields of Copay, Coinsurance Amount and Deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields (MC065, MC066, MC067).

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC066 Coinsurance Amount COINS	NUMBER (10)	This amount is paid by the member and reflects the percent a member must pay toward the cost of a covered service. In many health insurance plans the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses have been incurred. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all carriers can distinguish between the mutually exclusive fields of Copay, Coinsurance Amount and Deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields (MC065, MC066, MC067).
MC067 Deductible Amount DED	NUMBER (10)	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that is not covered by the member's insurance plan. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all carriers can distinguish between the mutually exclusive fields of Copay, Coinsurance Amount and Deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields (MC065, MC066, MC067).
MC801 Date of Entry EDATE	DATE (8)	This field contains date this record was added to the data warehouse. The format is YYYYMMDD.	
MC802 Age AGE	NUMBER (3)	This field contains the Age of the patient in years as of the from date of service. Children under the age of 1 have an age of zero. If no date of birth is available, this field is null.	
MC803 Claim IDN IDN	NUMBER (12)	This field uniquely identifies the record within the database.	
MC804 Standardized Insurance Type/Product Code STDPRODUCT	CHAR (2)	This is the product identification number that links to the Product file using DWPR801. It was derived from MC003.	The values in this field have been standardized across all the HCQCC claims databases.

Data Set for Medical Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC805 Use Flag USEFLAG	NUMBER (3)	<p>This field is used to identify records for reporting purposes.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-MA Zip 	
MC806 Service Provider Identification Number PRVIDN	NUMBER (12)	This is the provider identification number that links to the Medical Service Provider file using DWDP801.	This field cannot be used to aggregate all claims associated with a provider.
MC807 Member ID Code MEMIDN	NUMBER (20)	This field is used to link to the Master Person table (DWMP801). It does not uniquely represent an individual patient.	

Data Set for Medical Membership

All membership records by month and payer where medical coverage = 'Y' and associated membership demographic information that can change, like Member Zip Code, Age, Product, etc.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
ME001 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer. This field links to DWPAY801 in the Payer table.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the Database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
ME003 Insurance Type Code/Product PRODUCT	CHAR (2)	<p>This is the product identification code that is submitted by the payer. See ME801 for the standardized product code that links to the Product file using DWPR801.</p>	

Data Set for Medical Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
ME901 Eligibility Year and Month MTIME	NUMBER (6)	This field combines YEAR (ME004) and MONTH (ME005) into a single field with a format of YYYYMM.	
ME006 Insured Group or Policy Number IGROUP	CHAR (50)	The Group or Policy Number is associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of eligibility and claims data the group relates to the employer. Although the regulation specifies a maximum length of 30, 50 characters are necessary for some payers.	The contents of this field are not edited. Some payers are using this field to report the individual certificate number of the subscriber rather than the Group Number. It is difficult to determine if this is happening inappropriately because of people purchasing individual coverage.
ME007 ME Coverage Level Code XPLAN	CHAR (3)	This field indicates the type of coverage and is linked to the Coverage Level file using DWCT801.	Although there are several code values for distinguishing between the various coverage levels, some payers do not maintain a high level of specificity in their records. Some payers are only able to distinguish between single coverage and family coverage. Summarizing data by Coverage Level across payers could over estimate the amount of family coverage.
ME012 Individual Relationship Code REL	NUMBER (2)	This is the relationship code identification number that links to the Relationship file using DWR801.	
ME013 Member Gender SEX	CHAR (1)	This is the Member Gender code that links to the gender file using DWG801.	
ME014 Date of Birth DOB	Date	This field contains the member's Date of Birth with a format of CCYYMMDD. This field is used to calculate age as of last day of the eligibility year and month.	

Data Set for Medical Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
ME015 Member City PATCITY	CHAR(30)	This field contains the member's city of residence.	
ME016 Member State PATST	CHAR (2)	The Member State or Province contains the 2 character abbreviation code used by the US Postal Service. Since this database has been built for Massachusetts residents the code will generally be MA for Massachusetts.	
ME017 Member Zip Code PATZIP	CHAR (11)	This field contains the ZIP Code of the member. Payers are urged to provide a full 9-character US zip code. Foreign zip codes may also be reported in this field.	
ME018 Medical Coverage Flag HAS_MEDICAL_COVERAGE	CHAR (1)	This field indicates Medical Coverage. Y = Yes N = No	
ME019 Pharmacy Coverage Flag HAS_PHARMACY_COVERAGE	CHAR (1)	This field indicates Pharmacy Coverage. Y = Yes N = No	
ME020 Race 1 RACE1	7/1/2008 CHAR (6)	This field contains the primary race coded for the member. It links to the Race table data element DWRA801.	
ME021 Race 2 RACE2	7/1/2008 CHAR (6)	This field contains the secondary race coded for the member. It links to the Race table data element DWRA801.	
ME022 Other Race OTHRACE	7/1/2008 CHAR (15)	This field contains the text description of Other Race if either Race 1 or Race 2 is coded R9 – Other Race.	

Data Set for Medical Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
ME023 <i>Hispanic Indicator</i> HISPANIC	7/1/2008 CHAR (1)	This field is the Hispanic Indicator for the patient. It links to the Hispanic data table element DWHSP801.	
ME024 <i>Ethnicity 1</i> ETHNICITY1	7/1/2008 CHAR (6)	This field contains the primary ethnicity coded for the member. It links to the Ethnicity table data element DWETH801.	
ME025 <i>Ethnicity 2</i> ETHNICITY 2	7/1/2008 CHAR (6)	This field contains the secondary ethnicity coded for the member. It links to the Ethnicity table data element DWETH801.	
ME026 <i>Other Ethnicity</i> OTHETHNICITY	7/1/2008 CHAR(20)	This field contains the text description of Other Ethnicity if either Ethnicity 1 or Ethnicity 2 is coded OTHER – Other Ethnicity.	
ME801 <i>Standardized Insurance Type Code/Product</i> STDPRODUCT	CHAR (2)	This is the Standardized Product identification code that is consistent across all file types. This links to the Product file using DWPR801.	
ME802 <i>Date of Entry</i> EDATE	DATE (8)	This field contains the date this record was added to the data warehouse. The format is YYYYMMDD.	
ME803 <i>Age</i> AGE	NUMBER (3)	This field contains the Age of the member as of the last day of the eligibility year month.	
ME804 <i>Member ID Code</i> MEMIDN	NUMBER (20)	This field is used to link to the Master Person table (DWMP801). It does not uniquely represent an individual patient.	

Data Set for Medical Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
ME805 Use Flag USEFLAG	NUMBER (3)	<p>This field indicates the relationship of this membership record to other membership records for the same member and time period.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-MA Zip 	<p>If two records have the same member identifiers, the same payer and the same year and month of eligibility, one record will be flagged as an intra-payer duplicate and should not be used in counting member months.</p> <p>If a member has a membership record for full medical coverage and a membership record for a specific area of coverage (e.g. mental health and substance abuse), the specific coverage area record will be flagged as an inter-payer duplicate. In general the inter-payer record should not be used when counting member months.</p>

Data Set for Modifier Code

Dimension table holds all valid Modifier Code values and descriptions, links to the Medical Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWMOD801 Modifier Code CODE	NUMBER (2)	This field is used to link to the Medical Claims Modifier field (MC056, MC057). It is the primary identification number for each modifier record.	
DWMOD802 Modifier Code Description DESCRIPTION	CHAR (600)	This field contains the description of the Modifier Code associated with the claim.	

Data Set for New Prescription Codes

Dimension table holds all valid New Prescription Code values and descriptions, links to the Pharmacy Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWNP801 New Prescription Code CODE	CHAR (2)	<p>This field is used to link to the Pharmacy Claims data (PC028). It is the primary identification number for each New Prescription type record.</p> <p>Values in this field are: N = New Prescription R = Refill Prescription -1 = Not Specified -2 = Not Valid</p>	
DWNP802 New Prescription Code Description DESCRIPTION	CHAR (25)	This field contains the description of the New Prescription Code.	

Data Set for Payers

Dimension table holds all Payer demographic information, links to any data or dimension tables containing a PAYER ID field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPAY801 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer. This field links to DWCPT801, DWDX801, DWMP801, DWPID802, DWDP803, DWSP801, MC001, ME001, PC001, and PE001.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
DWPAY802 Company COMPANY	CHAR (100)	This field contains the Company name of the payer.	

Data Set for Payers

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPAY803 Company Address ADDRESS	CHAR (255)	This field contains the Company Address of the payer.	
DWPAY804 Company City CITY	CHAR (100)	This field contains the city portion of the Company Address.	
DWPAY805 Company State STATE	CHAR (100)	This field contains the state portion of the Company Address. The State or Province contains the 2-character abbreviation code used by the US Postal Service.	
DWPAY806 Company Zip Code ZIP	CHAR (100)	This field contains the ZIP Code portion of the Company Address. Payers are encouraged to provide a full 9-character zip code.	
DWPAY807 File Types FILETYPES	CHAR (10)	This field contains the type of data submitted by the payer. E = Eligibility M = Medical P = Pharmacy	When a payer submits more than one type, the types are concatenated. E.g., 'EMP' means the carrier submits all file types.

Data Set for Pharmacies

Detail Servicing Pharmacy information. Unique records by Payer and Provider information. Links to the Pharmacy Claims table by PRVIDN.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPID801 Pharmacy ID Number PHARMID	NUMBER (20)	This field is used to link to the Pharmacy Claims data (PC901). It is the primary identification number for each Pharmacy ID type record.	
DWPID802 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer. This field links to DWPAY801 in the Payer table.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
DWPID804 Pharmacy Number PHARM	CHAR (40)	This field is the payer-assigned pharmacy number that is derived from the Pharmacy Claims data field PC018.	

Data Set for Pharmacies

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPID805 Pharmacy Tax ID Number PHARMTAX	CHAR (100)	This field is the federal taxpayer's identification number from the Pharmacy Claims data field PC019. If the individual retail Pharmacy Tax ID number is not available, this field contains the pharmacy chain's tax ID number.	This field is not well populated.
DWPID806 Pharmacy Name PHARMNM	CHAR (100)	This field contains the name of the pharmacy from the Pharmacy Claims field PC020.	
DWPID807 National Pharmacy ID Number NPHARM	CHAR (20)	This field is derived from the Pharmacy Claims field PC021. This ID is required if National Provider ID is mandated for use under HIPAA.	
DWPID808 Pharmacy City PHARMCITY	CHAR (30)	This field is the name of the city in which the pharmacy is located from the Pharmacy Claims field PC022.	
DWPID809 Pharmacy State PHARMST	CHAR (2)	This field is the name of the state in which the pharmacy is located as defined by the US Postal Service. It is derived from the Pharmacy Claims field PC023.	
DWPID810 Pharmacy ZIP Code PHARMZIP	CHAR (11)	This is the ZIP Code of the pharmacy location and may include non-US codes. This field is derived from the Pharmacy Claims field PC024.	

Data Set for Pharmacies

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPID811 <i>Pharmacy</i> <i>Country Name</i> PHARMCTRY	CHAR (30)	This is the country name of the pharmacy's location. This field is derived from the Pharmacy Claims field PC024A.	

Data Set for Pharmacy Claims

The Pharmacy Claims file contains one record for each filled script.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC001 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
PC003 Insurance Type Code/Product PRODUCT	CHAR(2)	This is the product identification number that links to the Product file using DWPR801. See PC805 for the standardized product code.	The values in this field have been standardized across all the HCQCC claims databases.

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC004 Payer Claim Control Number CLAIM	CHAR (35)	This field contains the claim number used by the payer to internally track the claim. In general the claim number is associated with all service lines of the bill. Therefore, multiple medical records may share the same claim number. This must apply to the entire claim and be unique within the payer's system.	The Payer Claim Control Number should not be considered unique across payers. This field is not edited.
PC005 Line Counter LINE	NUMBER (4)	This field contains the line number for this service. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.	
PC006 Insured Group or Policy Number IGROUP	CHAR (50)	The Group or Policy Number is associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of eligibility and claims data the group relates to the employer.	<p>The contents of this field are not edited. Some payers are using this field to report the individual certificate number of the subscriber rather than the Group Number. It is difficult to determine if this is happening inappropriately because of persons purchasing individual coverage.</p> <p>The Group Number does not uniquely identify the subscriber. The Group Number is a personal health identifier (PHI).</p>
PC011 Individual Relationship Code REL	NUMBER (2)	This field contains the member's relationship to the subscriber or the insured. This field links to the Relationship file using DWR801.	Although there are several code values for distinguishing between the various relationships, some payers do not maintain this level of specificity in their systems. Some payers are only able to distinguish between the subscriber/employee and the dependent. Summarizing the data across payers by the individual relationship to the subscriber may cause an under reporting of spouse records.
PC012 Member Gender SEX	CHAR (2)	This is the Member Gender code that links to the gender file using DWG801.	

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC013 Date of Birth DOB	Date	This field contains the member's Date of Birth with a format of CCYYMMDD. This field is used to calculate age as of the date the prescription was filled.	
PC014 Member City PATCITY	CHAR(30)	This field contains the member's city of residence.	
PC015 Member State PATST	CHAR (2)	The Member State or Province contains the 2 character abbreviation code used by the US Postal Service. Since this database has been built for Massachusetts residents the code will generally be MA for Massachusetts.	
PC016 Member ZIP Code PATZIP	CHAR (11)	This field contains the ZIP Code of the member. Payers are urged to provide a full 9-character US zip code. Foreign zip codes may also be reported in this field.	
PC017 Date Service Approved (AP Date) PDATE	DATE (8)	This field contains the date the record was approved for payment. This is generally referred to as the Paid Date with a CCYYMMDD format.	This is a restricted field.
PC801 Pharmacy ID Number PHARMID	NUMBER (20)	This is the provider identification number that links to the Pharmacy Name File using DWPID801.	This field cannot be used to aggregate all claims associated with a pharmacy.

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC025 Claim Status STATUS	NUMBER (2)	This field contains the status of the claim as reported by the payer. This field links to the Claim Status file using DWCS801.	Not all payers are able to qualify the processing the claim with the specificity of the available valid codes. The vast majority of all claims are coded as 01 – processed as primary. Claims processed as secondary may have dramatically lower payments for services rendered because another payer had primary responsibility. A small number of payers are unable to distinguish claims processed as primary from those processed as secondary.
PC026 Drug Code NDC	CHAR (11)	Each drug product listed under Section 510 of the Federal Food, Drug, and Cosmetic Act is assigned a unique 10-digit, 3-segment number. This number, known as the National Drug Code (NDC), identifies the labeler/vendor, product, and trade package size. The first segment, the labeler code, is assigned by the FDA. A labeler is any firm that manufactures, re-packs or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code, identifies package sizes. Both the product and package codes are assigned by the firm. The NDC will be in one of the following configurations: 4-4-2, 5-3-2, or 5-4-1.	This field is verified against an NDC reference file.
PC027 Drug Name DRUGNM	CHAR (80)	This field contains the text name of the drug as supplied by the payer.	
PC028 New Prescription NEWPR	CHAR (2)	This field can be used to determine if this is a New Prescription. This field links to the New Prescription Code file using DWNP801.	

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC028A Refill Number REFILL	NUMBER (2)	01-99 Number of refills. If the specific number of the prescription refill is not available, '01' should be used for all refills,	
PC029 Generic Drug Indicator GENRX	CHAR (2)	This field indicates whether the drug is a branded drug or a generic drug. This field links to the Generic Drug file using DWGD801.	
PC030 Dispensed as Written Code DAW	NUMBER (2)	This field indicates the instructions given to the pharmacist for filling the prescription. For example, a prescription for a brand name drug that also has a generic equivalent may not have the generic equivalent substituted. In this case, the code is 1 – physician requires the script be filled as written. This field links to the DAW file using DWD801.	
PC031 Compound Drug Indicator COMPOUND	CHAR (2)	This field indicates if this is a compound drug or not. N is Non-compound drug. This field links to the Compound file using DWCD801.	
PC032 Date Prescription Filled FDATE	DATE (8)	This field contains the date the prescription was filled. It is reported in a CCYYMMDD format.	
PC033 Quantity Dispensed QTY	NUMBER (5)	This field contains the total unit dosage in metric units. This field may be negative.	

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC034 Days Supply DAYS	NUMBER (3)	This field contains the actual Days Supply for the prescription based on the metric quantity dispensed. This field may contain a negative value.	
PC035 Charge Amount CHG	NUMBER (10)	This field contains the total charges for the prescription as reported by the provider. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	
PC036 Paid Amount TPAY	NUMBER (10)	This field includes all health plan payments and excludes all member payments. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	
PC037 Ingredient Cost/List Price INGRED	NUMBER (10)	This field contains the cost of the drug that was dispensed as reported by the payer. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	
PC038 Postage Amount Claimed POSTAGE	NUMBER (10)	This field contains the Postage Amount included in the charges. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	
PC039 Dispensing Fee DISPFEE	NUMBER (10)	This field contains the amount charged for dispensing. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC040 Copay Amount COPAY	NUMBER (10)	<p>This field contains the pre-set, fixed dollar amount payable by a member, often on a per visit/service basis. This is a money field containing dollars and cents with an implied decimal point.</p> <p>This field may contain a negative value.</p>	Not all payers can distinguish between the mutually exclusive fields of Copay, Coinsurance Amount and Deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields. (PC040, PC041, PC042)
PC041 Coinsurance Amount COINS	NUMBER (10)	<p>This amount is paid by the member and reflects the percentage a member must pay toward the cost of a covered service. In many health insurance plans the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses have been incurred. This is a money field containing dollars and cents with an implied decimal point.</p> <p>This field may contain a negative value.</p>	Not all payers can distinguish between the mutually exclusive fields of Copay, Coinsurance Amount and Deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields. (PC040, PC041, PC042)
PC042 Deductible Amount DED	NUMBER (10)	<p>This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that is not covered by the member's insurance plan. This is a money field containing dollars and cents with an implied decimal point.</p> <p>This field may contain a negative value.</p>	Not all payers can distinguish between the mutually exclusive fields of Copay, Coinsurance Amount and Deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields. (PC040, PC041, PC042)
PC801 Date of Entry EDATE	DATE (8)	This field contains the date this record was added to the data warehouse. The format is YYYYMMDD.	
PC802 Member Age AGE	NUMBER (3)	This field contains the age of the member in years as of the date the prescription was filled. Children under the age of 1 have an age of zero. If no date of birth is available, this field is null.	

Data Set for Pharmacy Claims

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC803 Identification Number IDN	NUMBER (12)	This field uniquely identifies the record and is created for HCQCC.	
PC804 Use Flag USEFLAG	NUMBER (3)	<p>This field is used to identify records for reporting purposes.</p> <p>Values in this field are:</p> <ul style="list-style-type: none"> 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-MA Zip 	
PC805 Standardized Insurance Type/Product Code STDPRODUCT	CHAR (2)	This is the product identification number that links to the Product file using DWPR801. It was derived from PC003.	The values in this field have been standardized across all the HCQCC claims databases.
PC806 Member ID Code MEMIDN	NUMBER (20)	This field is used to link to the Master Person table (DWMP801). It does not uniquely represent an individual patient.	

Data Set for Pharmacy Membership

All membership records by month and payer where RX coverage = 'Y' and associated membership demographic information that can change, like Member Zip Code, Age, Product, etc. This table contains duplicate and other non-useful membership records.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PE001 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer. This field links to DWPAY801 in the Payer table.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
PE003 Insurance Type Code/Product PRODUCT	CHAR (2)	<p>This is the product identification code that is submitted by the payer. See PE802 for the standardized product code that links to the Product file using DWPR801.</p>	

Data Set for Pharmacy Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PE801 Eligibility Year and Month MTIME	NUMBER (6)	This field combines YEAR (ME004) and MONTH (ME005) into a single field with a format of YYYYMM.	
PE006 Insured Group or Policy Number IGROUP	CHAR (50)	The Group or Policy Number is associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of eligibility and claims data the group relates to the employer. Although the regulation specifies a maximum length of 30, 50 characters are necessary for some payers.	The contents of this field are not edited. Some payers are using this field to report the individual certificate number of the subscriber rather than the Group Number. It is difficult to determine if this is happening inappropriately because of people purchasing individual coverage.
PE007 ME Coverage Level Code XPLAN	CHAR (3)	This field indicates the type of coverage and is linked to the Coverage Level file using DWCT801.	Although there are several code values for distinguishing between the various coverage levels, some payers do not maintain a high level of specificity in their records. Some payers are only able to distinguish between single coverage and family coverage. Summarizing data by Coverage Level across payers could over estimate the amount of family coverage.
PE012 Individual Relationship Code REL	NUMBER (2)	This is the Relationship Code identification number that links to the Relationship file using DWR801.	
PE013 Member Gender SEX	CHAR (1)	This is the Member Gender code that links to the Gender file using DWG801.	

Data Set for Pharmacy Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PE014 Date of Birth DOB	Date	This field contains the member's Date of Birth with a format of CCYYMMDD. This field is used to calculate age as of last day of the eligibility year and month.	
PE015 Member City PATCITY	CHAR(30)	This field contains the member's city of residence.	
PE016 Member State PATST	CHAR (2)	The Member State or Province contains the 2 character abbreviation code used by the US Postal Service. Since this database has been built for Massachusetts residents the code will generally be MA for Massachusetts.	
PE017 Member Zip Code PATZIP	CHAR (11)	This field contains the ZIP Code of the member. Payers are urged to provide a full 9-character US zip code. Foreign zip codes may also be reported in this field.	
PE018 Medical Coverage Flag HAS_MEDICAL_COVERAGE	CHAR (1)	This field indicates Medical Coverage. Y = Yes N = No	
PE019 Pharmacy Coverage Flag HAS_PHARMACY_COVERAGE	CHAR (1)	This field indicates Pharmacy Coverage. Y = Yes N = No	
PE020 Race 1 RACE1	7/1/2008 CHAR (6)	This field contains the primary race coded for the member. It links to the Race table data element DWRA801.	
PE021 Race 2 RACE2	7/1/2008 CHAR (6)	This field contains the secondary race coded for the member. It links to the Race table data element DWRA801.	

Data Set for Pharmacy Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PE022 Other Race OTHRACE	7/1/2008 CHAR (15)	This field contains the text description of Other Race if either Race 1 or Race 2 is coded R9 – Other Race.	
PE023 Hispanic Indicator HISPANIC	7/1/2008 CHAR (1)	This field is the Hispanic Indicator for the patient. It links to the Hispanic data table element DWHSP801.	
PE024 Ethnicity 1 ETHNICITY1	7/1/2008 CHAR (6)	This field contains the primary ethnicity coded for the member. It links to the Ethnicity table data element DWETH801.	
PE025 Ethnicity 2 ETHNICITY 2	7/1/2008 CHAR (6)	This field contains the secondary ethnicity coded for the member. It links to the Ethnicity table data element DWETH801.	
PE026 Other Ethnicity OTHETHNICITY	7/1/2008 CHAR(20)	This field contains the text description of Other Ethnicity if either Ethnicity 1 or Ethnicity 2 is coded OTHER – Other Ethnicity.	
PE802 Standardized Insurance Type Code/Product STDPRODUCT	CHAR (2)	This is the Standardized Product identification code that is consistent across all file types. This links to the Product file using DWPR801.	
PE803 Age AGE	NUMBER (3)	This field contains the Age of the member as of the last day of the eligibility year month.	
PE804 Member ID Code MEMIDN	NUMBER (20)	This field is used to link to the Master Person table (DWMP801). It does not uniquely represent an individual patient.	

Data Set for Pharmacy Membership

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PE805 Use Flag USEFLAG	NUMBER (3)	<p>This field indicates the relationship of this membership record to other membership records for the same member and time period. This field links to DWUSE801 in the Use Flag table.</p> <p>Values in this field are: 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-MA Zip</p>	<p>If two records have the same member identifiers, the same payer and the same year and month of eligibility, one record will be flagged as an intra-payer duplicate and should not be used in counting member months.</p> <p>If a member has a membership record for full medical coverage and a membership record for a specific area of coverage (e.g. mental health and substance abuse), the specific coverage area record will be flagged as an inter-payer duplicate. In general the inter-payer record should not be used when counting member months.</p>
PE806 Date of Entry EDATE	DATE (8)	This field contains the date this record was added to the data warehouse. The format is YYYYMMDD.	

Data Set for Product Codes

Dimension table holds all valid Product Codes and descriptive demographic information, links to any data tables containing a PRODUCT field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPR801 Product ID ID	CHAR (2)	This field is used to link to the Medical Claims data (MC003, MC804), Medical Eligibility data (ME003, ME801), Pharmacy Claims data (PC003, PC804), and Pharmacy Eligibility data (PE003, PE802). It is the primary identification number for each Product record.	
DWPR802 Product Code Long Description LONG_DESCRIPTION	CHAR (100)	This field contains the description of the Product Code.	
DWPR803 Product Code Short Description SHORT_DESCRIPTION	CHAR (10)	This field contains a short description of the Product Code.	

Data Set for Race

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWRA801 Race Code CODE	NUMBER (2)	This field is used to link to the Medical Eligibility data (ME020, ME021), the Pharmacy Eligibility data (PE020, PE021) and the Master Person table (DWMP820, DWMP821). It is the primary identification number for each Individual Race record.	
DWRA802 Race Code Description DESCRIPTION	CHAR (50)	This field contains the description of the Race Code	

Data Set for Relationship to Subscriber

Dimension table holds all valid Member Relationship codes and descriptions, links to any data or dimension tables containing a REL field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWR801 Relationship to Subscriber Code CODE	NUMBER (2)	This field is used to link to the Medical Claims data (MC011), Pharmacy Claims data (PC011), the Medical Eligibility data (ME012), the Pharmacy Eligibility data (PE012) and the Master Person table (DWMP816). It is the primary identification number for each Individual Relationship record.	
DWR802 Relationship to Subscriber Code Description DESCRIPTION	CHAR (50)	This field contains the description of the member's relationship to the subscriber or the insured.	

Data Set for Service Provider

Detail Servicing Provider Information. Unique records by Payer and Provider information. Links to the Medical Claims table by PRVIDN.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDPS801 Provider ID Number PRVIDN	NUMBER (12)	This field is used to link to the Medical Claims data (MC806) and to the Detailed Service Provider data (DWPRS801). It is the primary identification number for each Detailed Service Provider record.	
DWPS802 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer. This field links to DWPAY801 in the Payer table.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
DWDPS803 Service Provider Number PRV	CHAR (30)	This is the Provider Number assigned by the payer. This field is derived from MC024 in the Medical Claims data.	

Data Set for Service Provider

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDPS804 Provider Tax ID PRVTAXID	CHAR (100)	This field should contain the provider's Tax Identification number. For an individual this code is often the social security number. This field is derived from MC025 in the Medical Claims data.	This field is edited for its presence - not for content. Several payers have repeated the payer specific Provider Number in this field rather than supplying the Tax ID number. It is a key variable in the linkage process that associates all identifiers for a single provider.
DWDPS805 Service Provider Entity Type Qualifier PRVTYPE	CHAR (1)	This field is used to distinguish an individual practitioner from a business entity. 1 Person 2 Non-Person Entity This field is derived from MC027 in the Medical Claims data.	This field is poorly populated and contains inconsistent data. It is not edited.
DWDPS806 Provider First Name PRVFNAM	CHAR (25)	This field contains the first name of the practitioner. If the provider is a facility, this field will be blank. This field is derived from MC028 in the Medical Claims data.	This field is inconsistently populated. Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within the Provider Last Name field.
DWDPS807 Provider Middle Name PRVMNAME	CHAR (25)	This field contains the practitioner's middle name or initial. This field is derived from MC029 in the Medical Claims data.	This field is inconsistently populated. Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within the Provider Last Name field.
DWDPS808 Provider Last Name PRVLNAME	CHAR (100)	This field contains the full name of provider organization or last name of individual provider. This field is derived from MC030 in the Medical Claims data.	Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within this field. For facility records, this field will be blank.

Data Set for Service Provider

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDPS809 Provider Suffix PRVSUFFIX	CHAR (10)	This field contains the generational suffix for the individual. This field is derived from MC031 in the Medical Claims data.	This field is inconsistently populated. Although payers were asked to split an individual practitioner's name into its various components, many payers were not able to do so. In those instances the payer name is entirely within the Provider Last Name field. When populated this field often contains the generational identifier (JR, SR, III), the credentials (MD, DO, DC) or the suffix to the tax ID.
DWDPS810 Provider Specialty PRVSPEC	CHAR (50)	This is the Provider Specialty code that is submitted by the payer. This field links to DWSP802 in the Payer Specialty Code table. However, when linking to the table you must also link on PAYERCODE because two payers may use the same specialty code with different meanings. The regulation has a maximum length of 10 characters for this field. However, it is necessary to expand this field to 50 characters to accommodate the data from all of the payers.	
DWDPS811 Provider City PRVCITY	CHAR (30)	This field contains the city name of provider - preferably practice location. This field is derived from MC033 in the Medical Claims data.	Although the provider location is requested, this field can be populated with the billing location.
DWDPS812 Provider State PRVST	CHAR (2)	This is the two-character abbreviation for city as defined by the US Postal Service. This field is derived from MC034 in the Medical Claims data.	Although the provider location is requested, this field can be populated with the billing location.
DWDPS813 Provider ZIP Code PRVZIP	CHAR (5)	This field contains the Zip Code of the provider practice location. It may contain non-US codes. This field is derived from MC035 in the Medical Claims data.	Although the provider location is requested, this field can be populated with the billing location.

Data Set for Service Provider

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWDPS814 <i>Provider Country Name</i> PRVCNTRY	CHAR (30)	This field contains the country name of the provider practice location. This field is derived from MC035A.	

Data Set for Site of Service

Dimension table holds all valid Site of Service code values and descriptions, links to the Medical Claims table.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWSS801 <i>Site of Service Code</i> CODE	CHAR (2)	This field is used to link to the Medical Claims data (MC037). It is the primary identification number for each Site of Service record.	
DWSS802 <i>Site of Service Code Description</i> DESCRIPTION	CHAR (75)	This field contains the description of the Site of Service code.	

Data Set for Specialty Codes from Payers

Payer supplied provider specialty codes and definitions used to assist in linkage of providers and correct identification of provider specialty codes. Links to the Detail and Master Service provider tables on payer Specialty code.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPSP801 Payer Code PAYERCODE	CHAR (8)	<p>This field contains the submitter code for the Payer submitting payments. The first two characters indicate the data collection state and the third character of the submitter code indicates the type of submitter.</p> <p>MAC = Commercial Carrier MAT = Third Party Administrator MAU = Unlicensed Entity</p> <p>This field is primarily used for tracking compliance by Payer. This field links to DWPAY801 in the Payer table.</p>	<p>A single payer may have multiple submitter codes because the payer is submitting from more than one system or from more than one location. All submitter codes associated with a single payer will have the same first 5 characters. A suffix will be used to distinguish the location and/or system variations.</p> <p>For a variety of reasons, the database may include submissions from unlicensed entities. The unlicensed entities will have a payer code beginning with MAU. If the submitter does become licensed in Massachusetts, the first letter of the payer code will be changed to the appropriate value of MAC or MAT and the trailing four characters will remain unchanged. Therefore, a payer code of MAU0756 may become MAT0756 in the future.</p> <p>Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting eligibility data that applies to a single submission of medical claims. The use of Payer code alone may not be sufficient to identify all claims and eligibility data associated with that payer.</p>
DWPSP802 Provider Specialty Code PRVSPEC	CHAR (50)	<p>This field contains the specialty code submitted by the Payer. It is derived from MC032. The regulation has a maximum length of 10 characters for this field. However, it is necessary to expand this field to 50 characters to accommodate the data from all of the payers.</p>	

Data Set for Specialty Codes from Payers

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWPSP803 <i>Provider Specialty Code Description</i> DESCRIPTION	CHAR (100)	This field contains the description of the Provider Specialty Code as submitted by the Payer.	

Data Set for Use Flag Code

Dimension table holds all valid Use Flag codes and description, links to any data tables containing a USEFLAG field.

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
DWUSE801 Use Flag Code Number CODE	CHAR (2)	<p>This field is used to link to the Medical Claims (MC805) Medical Membership (ME805), Pharmacy Claims (PC804) and Pharmacy Membership (PE805). It is the primary identification number for each USEFLAG record.</p> <p>Values in this field are: 0 = Okay to Use 1 = Intra-payer Duplicate 2 = Inter-payer Duplicate 3 = Medicare 4 = Age 65+ 5 = Reserved for Internal Use 6 = Claim Paid as Secondary 7 = Denied Claim 8 = Reserved for Internal Use 9 = Non-MA Zip</p>	
DWUSE802 Use Flag Description DESCRIPTION	CHAR (100)	This field contains the description of the Use Flag.	